

Family Care During End-of-Life Vigils



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KEYWORDS

• Vigil • End of life • Family • Nursing care

KEY POINTS

- The family vigil at the end of life is a complex human experience.
- Nurses are often present and bear witness to family vigils at end of life.
- The vigil experience has the potential for human suffering or the potential for growth.
- Nursing care during the vigil experience may lead to positive outcomes for family.

INTRODUCTION

An end-of-life vigil is the act of being with another toward death. A family vigil at end of life is a phenomenon that occurs when significant others gather by the bedside of dying individuals in the weeks, days, or hours prior to the death event. It is not unusual for nurses who minister to the dying to be present, bear witness, and share in this human experience. The purpose of this article is to review seminal and current research regarding the meaning and structure of the lived experience of vigil keeping for a dying family member, and to translate this research to inform nursing practice regarding family care during the transition at end of life.

BACKGROUND

Dying and death are universally lived experiences. In the United States, approximately 2.4 million Americans die each year, including an estimated 43% who will die in a hospital, 22% who will die in a skilled nursing facility, 25% who will die at home, and 10% who will die in other settings.¹ These individuals may have family or significant others who keep vigil during the transition of dying and death, exhibiting diverse interactional and emotional responses to the dying–death experience. These may include closed awareness, separation anxiety, spiritual distress, existential aloneness, and negative

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emotions such as bewilderment, denial, anger, sadness, disappointment, resentment, guilt, exhaustion, and desperation.^{1–10}

In contrast to these negative responses, some studies report positive responses to approaching death that are experienced by patients and families, such as open awareness, spirituality, family support, autonomy, hope, meaningful purpose in life, and peaceful acceptance.^{11–13} The experience of vigil keeping while approaching loss is described as a complex phenomenon for individuals and families at the end of life, and for the nurses who provide care for them.

SIGNIFICANCE TO NURSING

End-of-life care is an important focus and essential to nursing practice.^{9,14,15} The end-of-life experience has the potential for human suffering, or the potential for growth.^{13,16,17} These diverse outcomes emphasize the importance of providing quality nursing care to dying individuals and their families during the vigil experience. Yet, many nurses lack the necessary education and preparation to provide this specialized care.^{10,18,19} Integrating palliative care into nursing education will better prepare nurses in their multiple roles as caregiver, advocate, and guide, and enhance care to patients and families during the vigil experience.^{9,10,19,20}

Keeping vigil at the end-of-life is a powerful transitional process experienced by families. It presents families with a time of crisis, while concurrently presenting potential opportunity for growth and positive change. It is a transition that can lead families to outcomes of stagnation and continued suffering, or movement toward the possibility of healing and transformation.^{13,21} Often, nurses share in this experience, and are present at the bedside, vigiling with families of dying individuals. Nursing education on end-of-life care, coupled with an informed presence at the bedside, can enable nurses the opportunity to guide and facilitate this family transition with positive outcomes. It is the nursing profession's historical, theoretical, and philosophical underpinnings that support a holistic model of caring science and define nurses as compassionate caregivers across the continuum of wellness, illness, dying, and death.

LITERATURE REVIEW

A search and review of the research literature were conducted to identify primary research studies on the phenomenon of family vigil keeping. The databases of EBS-COhost, Ovid Medline, and Psych Info were searched between the periods of 1995 to 2016, for research studies published in peer-reviewed journals from various disciplines, using the specific keyword “vigil.” There were 66 papers found with the specific term of “vigil.” Narrowing with advanced search methods using the specific keywords “vigil keeping, family,” and “death and dying,” 5 research studies on family vigil keeping were identified. The following is a review of these 5 studies, the conceptual definitions, and a synthesis of the literature on the phenomenon of family vigil keeping at the end of life.

CONCEPTUAL DEFINITIONS

The concept of “family” is defined as 1 or more close others, either blood- or non-blood- related, defined as family by the dying individual. The term “end of life” is defined as a state when an individual's recovery from an illness cannot be expected, and death is considered to be inevitable and imminent. The selection of the term “vigiling” indicates ongoing action in the ever-changing, dynamic process of the vigil experience, in contrast to a static or episodic event.

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